

Safe Seniors

Newsletter for the Prevention of Elder Abuse and Consumer Fraud in San Diego County

Elder Abuse Statistics for San Diego County

Adult Protective Services (APS) investigates reports of abuse, assisting older and dependent adults who are harmed or threatened with harm.

Last fiscal year (July 2013 through June 2014), APS received 12,545 referrals through the AIS Call Center or the AISWebReferral. Some 73 percent of those referrals became cases.

Of those cases, 74 percent involved elders; the remainder were dependent adults. The majority of victims were women.

Half of all cases assigned for in-

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Senior Scam Stoppers Seminar

An 81-year-old retired priest in San Diego recently fell for one of the most common scams around. He was told he had won \$1 million. But to get the money, he had to pay taxes on it first. The elderly victim lost \$40,000 of his life savings to the out-of-state scam artist. Don't let this happen to you!

The San Diego District Attorney's Office is joining with the Contractors State License Board to present a free Senior Scam Stopper Seminar from 10 a.m. to noon on Monday, Oct. 27, at the Corky McMillin Event Center in Liberty Station, 2875 Dewey Rd., San Diego 92106.

Learn the latest scams and how you can avoid becoming a victim.

Speakers will include deputy district attorneys: Paul Greenwood, head of the Elder Abuse Prosecution Unit; Brendan McHugh with the CATCH Unit (cyber crime); Michael Zachry, consumer protection; and Steve Spinella, real estate fraud.

Also speaking will be Jane Kridler, outreach coordinator with the Contractors State License Board; and Anabel Kuykendall with the County's Aging & Independence Services.

To RSVP or for more details, contact Susan Paul at (619) 531-3439 or susan.paul@sdcca.org.

How Medicare Fraud Can Hurt You Personally

By Carolyn Reilly, Esq., Director, Elder Law & Advocacy and David Weil, HICAP Program Manager

Picture this: You need a wheelchair. Your doctor prescribes one for you and Medicare should cover it, but the equipment is denied. Why? Medicare says that you already received one last year. But you didn't. Someone has your Medicare number and has been using it to obtain and resell equipment.

Picture this: You receive a call at home from someone claiming to be a Medicare representative, who says you missed your last two Part B premium payments and your Social Security number is needed in order for Medicare to catch up on your payments. Except Medicare will NEVER call and ask for your Social Security number.

These were recent cases in San Diego County, where Medicare was being used to either get equipment fraudulently or to steal someone's identity.

The results of this Medicare fraud can be devastating when a beneficiary needs a wheelchair and the equipment, needed urgently, is denied resulting in a lengthy appeal.

In the second case, the results can be financially devas-

tating, as the victim's Social Security number is used by the thief to wreak havoc on the victim's financial matters.

Other instances of Medicare fraud can be less obvious. For example, if you receive a Medicare Summary Notice listing services you suspect you never received, you could be the victim of identity theft or fraudulent charges. It's also important to review your Medicare monthly drug plan notices to ensure that only your own prescriptions are being filled and charged.

What to do:

- Review all letters, explanation of benefit notices and Medicare notices and match them up to bills from your providers.
- Never give out your Medicare claim number or identification information over the phone. Anyone calling you about your healthcare should already have this information if it was a legitimate call.
- Medicare never calls or visits you to sell you anything.

Contact: Elder Law & Advocacy's HICAP program at (800) 434-0222 for no-cost assistance with questions about fraud or your benefits.

To Report Suspected Abuse, Call: 1-800-510-2020

Roadmap: Strategic Plan to Battle Elder Abuse

“From now until 2030, every day, about 10,000 baby boomers will celebrate their 65th birthday. And the fastest-growing population is people 85 years old, or older,” says Kathy Greenlee, Health and Human Services assistant secretary for aging and administrator of the Administration for Community Living. “Stemming the tide of abuse will require individuals, neighbors, communities, and public and private entities to take a hard look at how each of us encounters elder abuse—and commit to combat it.”

To help in this effort, an initiative funded by the Department of Justice (DOJ), with support from the Department of Health and Human Services (HHS), brought together the ideas of 750 elder abuse subject matter experts and stakeholders nationwide to create a strategic plan for tackling the rising incidence of elder abuse. The result is “The Elder Justice Roadmap,” which was published in July. You can read it by visiting http://ncea.acl.gov/Library/Gov_Report/index.aspx.

The participants were asked to respond to the following statement: “To understand, prevent, identify or respond to elder abuse, neglect or exploitation, we need...”

Here is the executive summary from the Roadmap:

“Elder abuse – including physical, sexual, and psychological abuse, as well as neglect, abandonment, and financial exploitation – affects about five million Americans each year, causing untold illness, injury and suffering for victims and those who care about and for them. Although we do not have a great deal of data quantifying the costs of elder abuse to victims, their families, and society at large, early estimates suggest that such abuse costs many billions of dollars each year – a startling statistic, particularly since just one in 24 cases is reported to authorities.

Given the aging population and the widespread human, social, and eco-

Top Five Priorities

The top five priorities critical to understanding and reducing elder abuse and to promoting health, independence and justice for older adults, are:

1. Awareness: Increase public awareness of elder abuse, a multi-faceted problem that requires a holistic, well-coordinated response in services, education, policy and research.
2. Brain health: Conduct research and enhance the focus on cognitive incapacity and mental health – critical factors both for victims and perpetrators.
3. Caregiving: Provide better support and training for the tens of millions of paid and unpaid caregivers who play a critical role in preventing elder abuse.
4. Economics: Quantify the costs of elder abuse, which is often entwined with financial incentives and comes with huge fiscal costs to victims, families and society.
5. Resources: Strategically invest more resources in services, education, research and expanding knowledge to reduce elder abuse.

nomie impact of elder abuse, a broad range of stakeholders and experts were consulted on how to enhance both public and private responses to elder abuse. A list of priorities rose to the top (see box).”

To support the mission of elder abuse prevention and prosecution, DOJ has developed an interactive, online curriculum to teach legal aid and other civil attorneys to respond to elder abuse. The first three modules of the training cover what lawyers should know about elder abuse; practical and ethical strategies to use when facing challenges in this area; and a primer on domestic violence and sexual assault. This training will expand to include six one-hour modules covering issues relevant to attorneys who may encounter elder abuse victims in the course of their practice.

HHS is supporting the mission by developing a voluntary national Adult Protective Services (APS) data system. Collecting national data on adult mistreatment will help to identify and address many gaps about the number and characteristics of adults who are the victims of maltreatment and the nature of services that are provided by APS agencies to protect these vulnerable adults. In addition to informing federal elder justice efforts, the Roadmap has

already inspired private stakeholders to take action. For example, as a result of the Roadmap, the Archstone Foundation has funded a project at the Keck School of Medicine at the University of Southern California to develop a national training initiative, while other funders, such as the Weinberg Foundation, have begun to consider inquiries and projects outlined in the Roadmap.

“While federal and state governments certainly have critical roles to play, the battle against elder abuse can only be won with grassroots action at the community and individual level,” said Greenlee. “Turning the tide against elder abuse requires much greater public commitment, so every American will recognize elder abuse when they see it and know what to do if they encounter it.”

Two steps local communities, families, and individuals can take are:

- Learn the signs of elder abuse. The National Center on Elder Abuse has developed a helpful Red Flags of Abuse Factsheet that lists the signs of and risk factors for abuse and neglect. Visit www.ncea.aoa.gov and put “Red Flags of Abuse” in the search box to access the material.

- Report suspected abuse when you see it. Contact your local APS Call Center at **(800) 510-2020**.

Status of Bills Affecting Residential Care Facilities for Elderly

The following bills have moved through the State Legislature, focused on the health, safety and security of California's residents in Residential Care Facilities for the Elderly (RCFEs) and enhancing the ability of the Department of Social Services' Community Care Licensing Agency to enforce the laws and regulations governing these facilities.

These measures passed in the Legislature and have been signed by the governor:

AB 1523 (Atkins): As of July 1, 2015, requires RCFEs, as a condition of licensure, to obtain and maintain liability insurance to cover injury to residents or guests caused by negligent acts or acts of omission by the licensee or its employees. (Sponsored by Consumer Advocates for RCFE Reform, San Diego).

AB 1572 (Eggman): Requires an RCFE to assist residents in establishing and maintaining a residents' council at the request of two or more residents, instead of at the request of a majority of residents. Requires facilities to respond to resident council concerns in writing. Same with family councils.

These measures passed in the Legislature and have yet to receive a response from the governor (as of print deadline):

AB 1899 (Brown): Prohibits a licensee who abandons an RCFE from being able to reinstate his or her license or from being able to petition for the reinstatement of the license.

AB 2044 (Rodriguez): Initially required an RCFE administrator or facility manager to be on premises 24/7, but has been amended to require one administrator, facility manager or a "designated substitute" to be on premises 24/7 to carry out required responsibilities. This bill would also require staff to be trained on building and fire safety and responding to emergencies.

AB 2171 (Wieckowski): Establishes a bill of rights for RCFE residents. However, part of the bill allowing residents to sue to obtain an injunction to fight a violation of their rights was stripped from the bill just prior to the final floor vote.

AB 2236 (Maienschein): This bill, commencing July 1, 2015, would increase the amount of civil penalties that may be imposed for a violation that DSS determines results in the death or serious bodily injury or which constitutes physical abuse to a resident (or child) at a care facility or day care. Additionally, this bill permits a licensee to request a formal review of a civil penalty assessed for the death of, or serious bodily injury or physical abuse to, a resident or child at the care facility within 10 days of receipt of the notice of the civil penalty assessment.

SB 895 (Corbett): This bill was initially in phase in the requirement that DSS conduct unannounced inspections of RCFEs at least annually by July 1, 2018. But the measure has been combined with SB 894 and both bills have been sub-



stantially amended to require facilities to correct deficiencies within 10 days unless otherwise specified and to require DSS to post online instructions on how to obtain inspection reports offline, design an informational poster on reporting complaints and emergencies for display in RCFEs and notify the State Ombudsman Office when it plans to issue a temporary suspension or revocation of a facility license.

SB 911 (Block): Increases the initial and continuing education training requirements for licensees, administrators, and direct care staff of RCFEs. Requires facilities who accept and retain residents with restricted or prohibited health conditions to employ trained medical personnel as appropriate. Prohibits discrimination or retaliation in any manner against a resident or employee for calling 911.

SB 1153 (Leno): Permits DSS to suspend admissions to a RCFE if the facility has violated the law, been cited for repeated violations, or has failed to pay a civil penalty. Authorizes DSS to make unannounced visits after the suspension of new admissions is lifted to ensure that the facility continues to maintain the correction of the violation.

SB 1382 (Block): Authorizes DSS to analyze application fees and annual fees to ensure appropriate amounts are charged. DSS to recommend to the Legislature that fees be adjusted as necessary.

These measures failed to pass Legislative committees and are essentially dead:

AB 1436 (Waldron): Would have required the Department of Social Services to post inspection reports for RCFEs and correction plans on a consumer website.

AB 1554 (Skinner): Would have required DSS to investigate a complaint against an RCFE of alleged abuse, neglect or threat of imminent danger within 24 hours of receiving the complaint. Also DSS would have been prohibited from giving the RCFE licensee advance notice of an investigation.

AB 1571 (Eggman): Would have placed additional requirements on applicants to have an RCFE license. Also would have required the Department of Social Services to establish an RCFE consumer information service system.

For details on bills, visit: <http://leginfo.legislature.ca.gov>

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Investigation included an allegation of financial abuse.

Among the perpetrators of elder abuse, 55 percent were family members, 10 percent were spouses and 6 percent were a care provider.

Family members and hospital staff led the list of those calling in suspected elder abuse, followed by law enforcement and financial institutions.



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Elder Abuse Prosecutions District Attorney's Office

The District Attorney's Office had 46 adjudicated elder abuse cases over the past three months. Here are three cases:

David Garcia: Pled guilty to willful cruelty to an elder or dependent adult likely to produce great bodily harm, and assault with a deadly weapon. The defendant was living in a trailer park with his mother, 69, and stepfather, 89. There had been more than 40 calls to police because of his erratic behavior related to drug use. He had a history of physically abusing his mother and had vandalized the home. During this incident, the defendant was screaming and punching walls in his parents' trailer. The defendant became more and more aggressive as the night wore on. The stepfather was afraid and called 911. The defendant took the phone from him and left the trailer, then charged at a neighbor with a knife. The defendant was sentenced to 365 days in local custody, four years in prison (stayed) and five years formal probation.

George Spencer: Pled guilty to willful cruelty to an elder or dependent adult and unlawful taking and driving of a vehicle. The defendant has a lengthy criminal history of violence, theft and drugs. Last November, his 77-year-old mother got a civil restraining order against him, but she had been letting him live with her because she thought

he needed medical help. In May, the defendant insisted his mom drive him to the mall. When they arrived, he took the car keys out of the ignition and walked away. While the victim tried to find a spare key in her purse, the defendant returned to the car, opened her car door, and took her purse away from her, then walked into the mall. The victim also walked into the mall and called police. While the victim waited for the police to arrive, the defendant walked back outside and got into the car and drove off, leaving his mom stranded. As the police were taking the victim's statement, they got a report that the defendant had stolen a \$50 cell-phone from one of the stores. The defendant was sentenced to three years and four months in prison.

Kelly Dahlke: Pled guilty to receiving stolen property. The defendant, while working as a caregiver, fraudulently picked up a Vicodin prescription for the 82-year-old victim. The defendant also used the victim's insurance to get a discounted rate on the pills. He was fired from working with the victim in December when the thefts were discovered. He tried to pick up another fraudulent prescription for the victim but was unsuccessful. When the police contacted the defendant at her home, they found the victim's identification and a Vicodin receipt in the defendant's purse. There was also a checkbook belonging to a second victim she was caring for. The defendant was sentenced to 120 days in local custody and three years formal probation.